

SECTION J

Medicaid and public benefits



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Differences between Medicaid and Medicare

	Medicaid	Medicare
Function	Primarily for low-income people and complements 1) Supplemental Security Income (SSI) and 2) Temporary Assistance to Needy Families (TANF) programs	Primarily for people over age 65 and some persons with disabilities. It may complement regular Social Security benefits and retiree health program
Funding	Federal and state	Medicare Trust Funds (strictly federal) and premiums usually paid by retirees
Operations	<ul style="list-style-type: none"> • Operates as assistance program • Program participants may be required to pay a monthly recipient liability. 	<ul style="list-style-type: none"> • Operates as insurance program • Beneficiaries pay premiums and deductibles
Administration	<ul style="list-style-type: none"> • Federal-state partnership • States administer program under broad Centers for Medicare and Medicaid Services (CMS) guidelines • Programs vary from state to state 	<ul style="list-style-type: none"> • Federal program solely • Administered by federal agencies including CMS and the Social Security Administration (SSA) • Program is uniform among the states
Eligibility	<ul style="list-style-type: none"> • Means-tested, depends on medical need, income, and resources (in some coverages); varies by state • Must be 65 and over, blind, disabled or pregnant. Also, children under 21 and caretakers of deprived children. 	<ul style="list-style-type: none"> • Depends on contributions to Social Security system while employed • Must be 65 or older • Also covers people with disabilities
Services and coverage	<ul style="list-style-type: none"> • Provides inpatient and outpatient hospital, physician and therapy services • Physical exams and immunizations may be available • Dental care, prescription drugs, eyeglasses and transportation with limits • May buy private health insurance for working poor or elderly if policy cost is less than Medicaid benefits • May cover home and community-based care • May cover long-term care and personal care. Services received in a basic care facility. 	<ul style="list-style-type: none"> • Parts A and B provide basic hospital, physician, therapy, limited skilled nursing facility services, home health care and hospice • Limited prevention-oriented health services • Part D provides prescription drug coverage

Medicaid program overview

1. Medicaid is the health program supplement for two major financial assistance programs. All counties have Medicaid services. However, people in Billings County should call the Golden Valley office in Beach. People in Slope County can contact Bowman County Social Services in Bowman.

2. Medicaid is a needs-based program (means-tested). Applicants must prove that their income and sometimes their assets are below certain levels which indicate need.

3. The Medicaid program was enacted by Congress in 1965. It is a joint federal and state program.

4. Medicaid is supervised by the North Dakota Department of Human Services, Division of Medical Services.

A. It is administered by 51 county social service offices.

B. Applications for Medicaid are processed by the county social service office in the county where the individual lives.

www.nd.gov/eforms (SFN 405)

1. Processing time is 45 days for families with children and aged persons.

2. 90 days for people with disabilities when disability determination is pending.

a. Social Security Administration disability decision is binding.

3. Eligibility may be determined retroactively if all requirements are met.

5. Applicants must meet technical and financial eligibility requirements:

A. **Technical eligibility** includes citizenship, residence, age, deprivation, disability and incapacity

B. **Financial eligibility** includes consideration of income (and assets in some coverages)

C. Eligibility may begin three months prior to the month of application **except for QMBs**

1. QMBs are eligible no earlier than the month **after** the month they are determined eligible.

2. All eligibility information and medical need must be submitted for each prior month to determine eligibility.

6. Medical care and services covered by Medicaid may include:

A. Physician services (with limits)

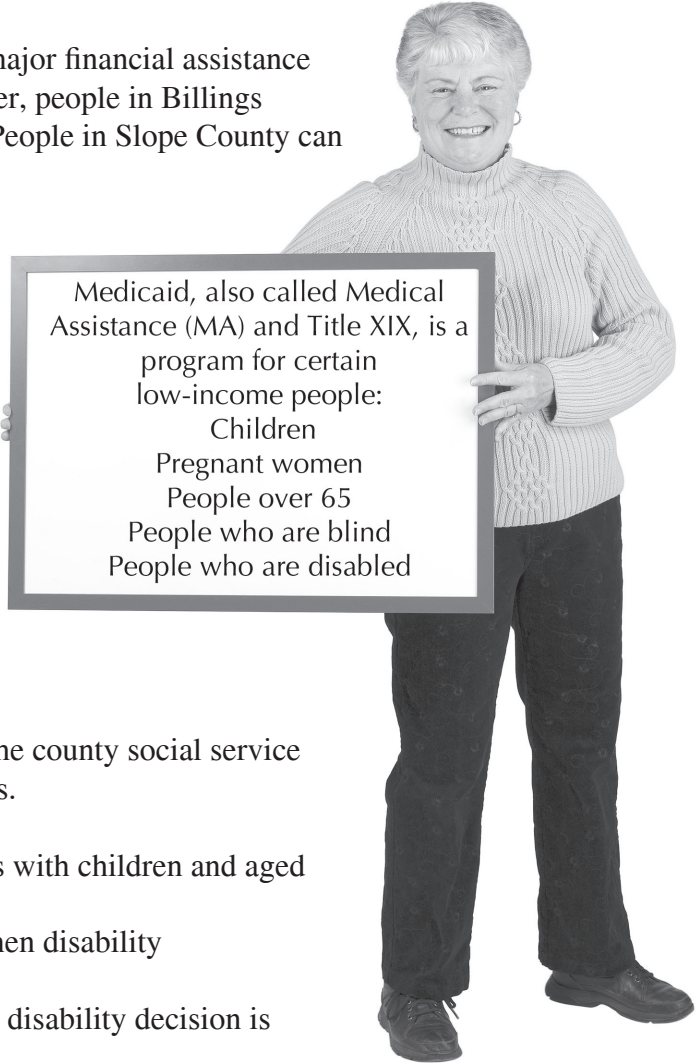
B. Inpatient and outpatient hospital care (with limits)

C. Laboratory and X-ray

E. Drugs, except for Medicare beneficiaries

NOTE: Medicare and Medicaid beneficiaries should enroll in a prescription drug plan if they have no other prescription drug benefits. Some pharmacists may use WellPoint (Anthem) for filling current months' medication costs.

E. Dental care (with limits)



Medicaid, also called Medical Assistance (MA) and Title XIX, is a program for certain low-income people:

- Children
- Pregnant women
- People over 65
- People who are blind
- People who are disabled

- F. Eye care (with limits)
- G. Long-term care (does not include custodial care)
- H. Nonmedical home and community based services (includes homemaker services, personal care, adult day care, rehabilitation services, chore services and respite care)
- I. Home health care
- J. Chiropractic services (with limits)
- K. Osteopath services
- L. Diagnostic screening and preventative services
- M. Physical and occupational therapy (with limits)
- N. Podiatric services
- O. Transportation to obtain medical care (with limits)

7. Asset limits and exemptions:

- A. The combined equity value of liquid, personal, and real property (assets) may not exceed \$3,000 for one person or \$6,000 for two people for some of the Medicaid programs.
- B. Exempt assets include:
 - 1. Home
 - 2. Vehicle
 - 3. Clothes and personal effects
 - 4. Household goods and furniture
 - 5. Term insurance
- C. Assets considered unavailable include:
 - 1. Nonsalable property (can be temporarily excluded)
 - 2. Income producing property when the individual is actively engaged in producing that income
 - 3. Separate-identifiable account designated for burial. This could be a savings account or a whole life policy or annuity. The value of the burial fund up to \$5,000 per person is not counted toward the \$3,000/\$6,000 asset limits.

8. Spousal impoverishment. In the case of a married couple when one person is institutionalized or receiving home and community based services, the ineligible community spouse may keep up to half of the couple's countable assets as of the date of institutionalization or receipt of home and community based services, up to a maximum of \$104,400* with a minimum of \$20,880*. The ineligible community spouse may also keep all their own income and income from the institutionalized spouse if needed to bring the income up to \$2,267 per month (Minimum Monthly Maintenance Needs Allowance) in the year of application.

(More than \$2,267 may be "deemed" to the community spouse if ordered by the court.) Income from the institutionalized spouse must be available to other family members residing in the home to bring their income to \$584* per month.

*2008 figures—changes January of each year

9. Disqualifying transfer of property:

- A. Transfer of any property without adequate compensation may cause ineligibility for long-term care services or home and community-based services.
- B. The look-back period is 60 months from the date that an institutionalized individual is both institutionalized, AND has applied for Medicaid (the first date both criteria are met).

When the transfer was to or from a trust (ANY kind of trust), the look-back period is 60 months.

The look-back period is not in any way a cap on the length of the period of ineligibility. It is merely

the amount of time prior to application/ institutionalization during which transfers are subject to the new transfer provision.

NOTE: QMB, SLMB and QI are all Medicare savings programs. To apply for one of these programs, contact your county Social Service office.

Qualified Medicare Beneficiary (QMB)

The **Qualified Medicare Beneficiary** (QMB) program was enacted by Congress to:

1. Provide assistance to low income elderly or low income disabled who are Medicare eligible.
2. The QMB program will pay
 - A. Part B premium; any Part B late enrollment penalty
 - B. Part A premium for those who do not receive it free, Medicare deductible and coinsurance for eligible individuals. (To qualify for QMB, individuals must be enrolled in Medicare Part A.)
3. Countable income may not exceed 100 percent of the federal poverty level* per month for an individual or for a couple (both over 65 and eligible for Part A). Countable income is determined by subtracting \$20 from gross monthly income. Countable income includes the Part B premium which is deducted from the Social Security check.
4. Countable resources may not exceed \$4,000 for an individual or \$6,000 for a couple. Exclusions include:
 - A. Residence and all contiguous acres
 - B. Life insurance with face value up to \$1,500
 - C. Burial space items for individual and immediate family at the SSI level, or the \$5,000 Medicaid burial exclusion
 - D. Burial funds (separately identifiable)

* Check with your county social services office for updated information. Changes usually occur in April of each year.

Special Low-Income Medicare Beneficiary (SLMB)

The **Special Low Income Medicare Beneficiary** (SLMB) program:

1. Available to older or disabled persons with slightly higher income (100-120 percent of federal poverty level)
2. Pays Medicare Part B premium; any Part B late enrollment penalty
3. Countable income must be between 100 and 120 percent of the federal poverty level per month for an individual or for a couple.
4. Individual must be enrolled in Medicare Part A.

Qualifying individual (QI)

1. Available to older or disabled persons with slightly higher income (120-135 percent of federal poverty level)

2. Pays Medicare Part B premium; any Part B late enrollment penalty
3. Countable income must be between 120 and 135 percent of federal poverty level per month for an individual or for a couple and they may not otherwise be eligible for Medicaid benefits.
4. Individual must be enrolled in Medicare Part A.

NOTE: Countable income includes the Part B premium which is deducted from the Social Security check.

Continuum of care

The **Older Americans Act** provides states with federal funds for services to persons age 60 and over, especially those who are low income, socially needy, frail or minority members. Aging Services is responsible for administration of these funds. Actual services are primarily delivered by local nonprofit senior services providers.

1. **Nutrition services.** As a SHIC counselor, you may meet individuals who need nutrition services. Refer them to the local senior service provider such as a local non-profit senior center. Meal services are provided to the home-based and also at facilities where older persons congregate, such as senior centers.

Seniors who need benefits counseling, such as food stamps, fuel assistance and homemaker services, should be referred to the county Social Services office.

2. **Access/in-home services.** Provides services such as outreach and health maintenance to persons 60 and over in their own homes and communities.

3. **Transportation.** Contact the local senior center for details.

4. **Elder rights.** Provides advocacy to assure access to legal services, benefits counseling and protective arrangements for vulnerable adults.

Legal Services of North Dakota offers free civic legal services for those who meet eligibility guidelines. Call 1-800-634-5263 for individuals under 60. Call 1-866-621-9886 for those over 60. Or visit www.legalassist.org.

5. **Long-Term Care Ombudsman Program.** Ombudsmen are impartial mediators for residents of long-term care facilities. They investigate complaints and resolve issues affecting residents, their family, friends and facility staff.

6. **The Family Caregiver Support Program** is part of the Older Americans Act. To access these services, contact the Regional Human Service Center. The Family Caregiver Support Program provides the following:

1. Respite training and counseling for grandparents 55 years of age and older who are taking care of grandchildren 18 years of age or younger.
2. Services that focus on caregivers who are primarily taking care of adults 60 years of age or older. Screening is required to determine eligibility.

Home and community-based care

The Medical Services Division also administers programs to assist functionally impaired older individuals and

persons with a disability to remain in their own homes by paying for personal, environmental and community based services. Contact the local county Social Service office for more information.

1. **Personal care services** are available to assist clients with daily activities such as bathing, toileting and dressing. Must be on Medicaid. Contact county Social Services for eligibility.

- A. **Personal care** is daily or intermittent care provided to an individual within their home usually by a non family member.
- B. **Family home care** is 24-hour room, board, supervision and other care provided to the individual by a family member either in their home or the caregiver's home.
- C. **Respite care** is provided by a non-family member temporarily and periodically to relieve the primary caregiver of the stress and demands of continuous care.
- D. **Adult family foster care** is 24-hour room, board, supervision and other care provided in a caregiver's home to those adults unable to function independently who may benefit from a family home environment.
- E. Additional services



2. **Homemaker service** is the provision of non-personal tasks such as housekeeping, laundry and shopping. Some qualify for weekly services. Tasks could include scrubbing the kitchen floor, cleaning the bathroom and washing laundry.

3. **Adult day care** is a program of social and related support services provided to individuals 18 years and older on a regularly scheduled basis in order to insure their optimum level of functioning.

Federal entitlement programs

1. Social Security is a federally operated retirement program. Eligibility is open to:

- A. Workers aged 62+
- B. People with disabilities
- C. A divorced spouse (at least 10 years of marriage) of a Social Security recipient, or who cares for the recipient's minor under age 16 or a child with a disability
- D. A widow(er) or divorced spouse (at least 10 years of marriage) aged 60+ or cares for deceased's minor or disabled child (age 50+ if person with a disability)
- E. Parent aged 62+ who was supported by a deceased fully-insured child

2. Supplemental Security Income is a federal income assistance program for individuals who meet all of these criteria:

- A. U.S. citizens or legal aliens
- B. 65+ or blind or disabled
- C. Monthly income other than wages of not more than \$674 per month for a single or \$1,011 per month for a couple.*
- D. Assets of not more than \$2,000 for a single person or \$3,000 for a married couple. A \$1,500 burial plan is also allowed.

Some people with earned income (wages) may also qualify for SSI. Check with the nearest Social Security office for further information.

*Changes January of each year

Other assistance programs

1. **Hill-Burton Free Care.** Some hospital and nursing home facilities are obligated to provide free care under the Hill-Burton law. Other facilities voluntarily provide charitable care. Application should be made with the facility if the client is unable to pay for care and the client is ineligible for Medicaid.

2. **Food stamps** are designed to enable low-income families (with gross income at or below 130% of the federal poverty level-about \$22,300 for a family of three in 2008) to buy the food they need. Participants receive an electronic benefit card (EBT) that can be used to purchase food. The EBT looks like a credit card. The local county social services adds benefits monthly if the household is eligible.

Food stamps are funded primarily by the federal government. The Food Stamp Program was enacted in 1965.

Here are the 2008 guidelines:

<u>People in household</u>	<u>Gross monthly income</u>
1	\$1,127
2	\$1,517
3	\$1,907
4	\$2,297
5	\$2,687
6	\$3,077
7	\$3,467
8	\$3,857

3. **General assistance** is available as determined by the county Social Services office for emergencies such as burial costs.

4. **Low income home energy assistance program** is administered by the Department of Human Services.

- A. Gross yearly income guidelines change yearly. May be available to some renters as well as homeowners.
- B. Call your local county social service office for specific LIHEAP benefits.

5. **Homestead tax credits** are available to adults aged 65+ or determined disabled by Social Services standards.

- Contact the North Dakota Tax Department for more information at 1-800-638-2901 or the local county director of tax equalization. If the property is in a larger city, call the city assessing office.

6. **Workers with disability coverage**, formerly known as the Medicaid Buy-In, is a work incentive for individuals with disabilities. It allows people with disabilities who want to work or who are currently working to pay a monthly premium to obtain or maintain Medicaid health care coverage. The WWD program provides:

- A. The possibility of employment without the fear of losing Medicaid health care coverage.
- B. The opportunity to contribute to Medicaid health care coverage by paying a monthly premium
- C. The opportunity to have higher income and more assets than Medicaid normally allows
- D. Elimination of a RL. No longer have to pay recipient liability
- E. The opportunity to increase hours of work and rates of pay

Qualifications include:

- Disability determination based on SSA guidelines other than substantial gainful activity

- Be gainfully employed
- Be an adult age 16 through 64
- Meet family income guidelines
- Pay a one-time \$100 enrollment fee
- Pay a monthly premium or 5% of total income

To determine eligibility, contact your local County Social Services office.

Income guidelines (changes annually on April 1)

<u>Family size</u>	<u>Income limit</u>
1	\$1,914
2	\$2,566
3	\$3,219
4	\$3,871
5	\$4,524
6	\$5,176
7	\$5,829

The family net income must be equal to or less than 225 percent FPL. However, the premium is five percent of the individual's gross income.

INCOME LEVELS EFFECTIVE *October 1, 2008												
Family Size	Family Coverage (1931)	Med. Needy	SSI (Effective 01/01/08)	Children Age 6 to 19 and QMB 100% of Poverty	SLMB 120% of Poverty	Preg. Women Child to Age 6 133% of Poverty	QI-1 135% of Poverty	Healthy Steps 150% of Poverty	Caring for Children 180% of Poverty	Transitional Medicaid 185% of Poverty	Children with Disabilities Women's Way 200% of Poverty	Workers with Disabilities 225% of Poverty
1	\$311	\$ 500	\$637	\$ 867	\$1040	\$1153	\$1170	\$1300	\$1560	\$1603	\$1733	\$1950
2	417	516	956	1167	1400	1552	1575	1750	2100	2158	2333	2625
3	523	666		1467	1760	1951	1980	2200	2640	2713	2933	3300
4	629	800		1767	2120	2350	2385	2650	3180	3268	3533	3975
5	735	908		2067	2480	2749	2790	3100	3720	3823	4133	4650
6	841	1008		2367	2840	3148	3195	3550	4260	4378	4733	5325
7	947	1083		2667	3200	3547	3600	4000	4800	4933	5333	6000
8	1053	1141		2967	3560	3946	4005	4450	5340	5488	5933	6675
9	1159	1200		3267	3920	4345	4410	4900	5880	6043	6533	7350
10	1265	1250		3567	4280	4744	4815	5350	6420	6598	7133	8025
+1*	107	57		300	360	399	405	450	540	555	600	675

Spousal Impoverishment Levels			
Community Spouse Minimum Asset Allowance (Effective 01/01/08)	Community Spouse Maximum Asset Allowance (Effective 01/01/08)	Community Spouse Income Level (Effective 01/01/03)	Income Level for each Additional Individual (Effective 04/01/08)
\$20,880	\$104,400	\$2,267	\$584

Average Cost of Nursing Care	
Average Monthly Cost of Care (Effective 01/01/08)	Average Daily Cost of Care (Effective 01/01/08)
\$5037	\$165.59

Note: LTC income level increased from \$40 to \$50 effective with the benefit month of 01/01/02
 *Caring for Children eligibility guidelines changed from 141-170% FPL to 141-180% FPL as of 5/1/08
 Healthy Steps (SCHIP) eligibility guidelines changed from up to 140% FPL to 150% FPL as of 10/1/08

Review exercise

1. What is the primary difference between Medicaid and Medicare based on function?
2. Medicare is primarily for low-income people and complements what two programs?
3. Medicaid is supervised by _____ and is administered by 51 _____ social service offices.
4. What are some medical services covered by Medicaid?
5. The Older Americans Act provides states with federal funds for services to persons age 60 and over. What are some of the services that are provided through local non-profit senior centers?
6. What is a federally-operated retirement program that is available for workers over 62 years old, people with a disability and other select recipients?
7. What are some other assistance programs available to North Dakota residents?
8. What program is a work incentive program for people with disabilities where the individual can maintain Medicaid coverage?